
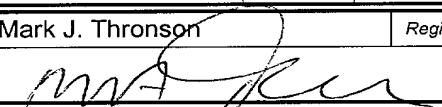


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PTO/SB/05 (03-01)

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>N9450.0015/P015</b>	
		First Inventor	<b>Masaya Kojima</b>
		Title	<b>CAPILLARY ARRAY ELECTROPHORESIS, etc.</b>
		Express Mail Label No.	
<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
See MPEP chapter 600 concerning utility patent application contents.		Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>57</b> ] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>14</b> ]		b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul>	
5. Oath or Declaration [Total Pages <b>1</b> ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>		<b>ACCOMPANYING APPLICATIONS PARTS</b>	
6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
		12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)	
		17. <input type="checkbox"/> Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 150px;"></div>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____			
Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name	<b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP Mark J. Thronson</b>		
Address	<b>2101 L Street NW</b>		
City	<b>Washington</b>	State	<b>DC</b>
Country	<b>US</b>	Zip Code	<b>20037-1526</b>
	Telephone	<b>(202) 785-9700</b>	Fax <b>(202) 887-0689</b>
Name (Print/Type)	<b>Mark J. Thronson</b>	Registration No. (Attorney/Agent)	<b>33,082</b>
Signature			Date <b>May 10, 2001</b>

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>																																																																																																																																																																																													
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,190.00</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>May 10, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Masaya Kojima</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Group Art Unit</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>N9450.0015/P015</td> </tr> </table>		Application Number	Not Yet Assigned	Filing Date	May 10, 2001	First Named Inventor	Masaya Kojima	Examiner Name	Not Yet Assigned	Group Art Unit	N/A	Attorney Docket No.	N9450.0015/P015																																																																																																																																																																																
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<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">04-1073</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;"></span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17     <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>		<p><b>3. 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		Extra Claims	Fee from below	Fee Paid																																																																																																																																																																																											
Total Claims	15	-20** =	<span style="border: 1px solid black; padding: 0 10px;">0</span> x <span style="border: 1px solid black; padding: 0 10px;">80.00</span> =	0.00																																																																																																																																																																																											
Independent Claims	9	-3** =	<span style="border: 1px solid black; padding: 0 10px;">6</span> x <span style="border: 1px solid black; padding: 0 10px;">80.00</span> =	480.00																																																																																																																																																																																											
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<b>SUBTOTAL (2)</b>				(\$)	480.00																																																																																																																																																																																										
Large Entity		Small Entity		Fee Description																																																																																																																																																																																											
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																												
103	18	203	9	Claims in excess of 20																																																																																																																																																																																											
102	80	202	40	Independent claims in excess of 3																																																																																																																																																																																											
104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																																																											
109	80	209	40	** Reissue independent claims over original patent																																																																																																																																																																																											
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																											
<b>SUBTOTAL (2)</b>				(\$)	480.00																																																																																																																																																																																										
<p><b>SUBMITTED BY</b></p> <p>Name (print/type) <span style="border: 1px solid black; padding: 0 20px;">Mark J. Thronson</span></p> <p>Signature <span style="border: 1px solid black; padding: 0 20px;"></span></p>		<p><b>Complete (if applicable)</b></p> <p>Registration No. (Attorney/Agent) <span style="border: 1px solid black; padding: 0 20px;">33,082</span></p> <p>Telephone <span style="border: 1px solid black; padding: 0 20px;">(202) 775-4742</span></p> <p>Date <span style="border: 1px solid black; padding: 0 20px;">May 10, 2001</span></p>																																																																																																																																																																																													